

Late Contribution Report

Type or print in ink.
Amounts may be rounded to whole dollars.

LATE CONTRIBUTION REPORT

NAME OF FILER GlaxoSmithKline			Date of This Filing 02/05/2008	Date Stamp FEB 05 2008	CALIFORNIA RECEIVED AND FILED FORM 497
AREA CODE/PHONE NUMBER (602) 953-2574	I.D. NUMBER (if applicable) 486148		Report No. LCR-2	in the office of the Secretary of State For Official Use Only	
STREET ADDRESS Research Triangle Park			<input type="checkbox"/> Amendment to Report No. _____ (explain below)	DEBRA BOWEN Secretary of State	
CITY Research Triangle Park	STATE NC	ZIP CODE 27709	No. of Pages 2		

Late Contribution(s) Received

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
1	ID:	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		
1	ID:	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		
1	ID:	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		

*Contributor Codes

IND - Individual
COM - Recipient Committee (other than PTY or SCC)
OTH - Other

PTY - Political Party
SCC - Small Contributor Committee

Reason for Amendment: _____

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7/2

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AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable) 486148	Report No. _____	
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. _____ (explain below)	
CITY	STATE	ZIP CODE	
		No. of Pages _____	

Late Contribution(s) Made

DATE MADE	FULL NAME, MAILING ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)
01/31/2008 	Furutani for Assembly Sacramento CA 95819 ID: 1299481 Ref: <input type="checkbox"/>	Warren Furutani State Assembly Person State Assembly Person Ballot: Dist: 55	1200.00	02/05/2008
	ID:	Ballot: Dist:		
	ID:	Ballot: Dist:		
	ID:	Ballot: Dist:		

Reason for Amendment: _____